		Case 24-80406	Doc 4	Filed 03/29	9/24	Entered 03/2	9/24 11:22:00	Desc M	1ain
Fil	l in this i	nformation to identify ye	our case:			of 3			
De	btor 1	QUANG MINH	NGOC	TRII	NH	-			
		First Name	Middle Name	Last N	lame				
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Un	ited States	Bankruptcy Court for the:	ORTHERN DI	STRICT OF ILLINOI	IS				
	se number known)	<u> </u>)40	\mathcal{O}_{-}					Check if this is ar
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Pa	art 1:	Tell the Court Abou	ıt Your Fa	mily and Your I	Family's	Income	UNITED	II	
							NORTHERA	ES BANKRI	PTCY COURT
		ne size of your family?	Chec	k all that apply:			MAI	UISTRICT O	FILLING:
5	spouse, a	ly includes you, your nd any dependents listed	₽ Y,	ou			"AN	29 2024	LINUIS
		ule J: Your Expenses orm 106J).		our spouse	0		JEFFREY P. AL	- • · · · · · · · · · · · · · · · · · ·	
	•	,	Y	our dependents	0 How mai	ny dependents??	JEFFREY P. AL Total number of p	STEADT.	Mr.
						,	rotal nambol of p	copic · ø	ULERK
	Fill in you monthly i	ur family's average						That perso	on's average
	•	our spouse's income if							et income
	your spou	se is living with you, ever				income. Include the rernmental assistance	_	•	0.00
	-	r spouse is not filing. It include your spouse's ie if you are separated and spouse is not filing with you.	that you	ı receive, such as f	ood stamp	s (benefits under the		\$	0.00
1	income if		subsidi	9S.		rogram) or housing	V		0.00
	your spou			ave already filled or of that schedule.	ut Schedu	le I: Your Income, se	e Your spouse	+ \$	0.00
							Subtotal	\$	0.00
			Subten.			l:-t #k-4	<u>L.</u>	T	
				d above.	vernmema	l assistance that you		\$	0.00
			Your fa	amily's average r	monthly r	net income	Total	\$	0.00
				,				~	
	_				Туре	of assistance			
		eceive non-cash ental assistance?	N	o es. Describe					
				es. Describe					
		xpect your family's monthly net income to	✓ N						
i	increase	or decrease by more tha	an 🗀 📉	Yes. Explain					
•	iv% aurii	ng the next 6 months?			L				
5 7	Tell the co	ourt why you are unable	to pay the	filina fee in	Ina				TILTO
i	installme	nts within 120 days. If yo	ou have som	e additional	COA	NOT EARN EN ER MY BASIC E	OUGH MONEY E <i>l</i> EXPENSES.	ACH MON	IH IO
		nces that cause you to no allments, explain them.	it de adie to i	able to pay your ming					

Entered 03/29/24 11:22:00 Case 24-80406 Doc 4 Filed 03/29/24 Desc Main Page 2 of 3 Case number (F known) QUANG MINH NGOC Document TRINH Debtor 1 Part 2: **Tell the Court About Your Monthly Expenses** 6. Estimate your average monthly expenses. 430.00 Include amounts paid by any government assistance that you reported on line 2. If you have already filled out Schedule J, Your Expenses, copy line 22 from that form. 7. Do these expenses cover anyone Nο who is not included in your family Yes. Identify who as reported in line 1? 8. Does anyone other than you No regularly pay any of these expenses? Yes. How much do you regularly receive as contributions? \$ 500.00 monthly If you have already filled out Schedule I: Your Income, copy the total from line 11. No 9. Do you expect your average monthly expenses to increase or Yes. Explain decrease by more than 10% during the next 6 months? **Tell the Court About Your Property** Part 3: If you have already filled out Schedule A/B: Property (Official Form 106A/B) attach copies to this application and go to Part 4. 10. How much cash do you have? Examples: Money you have in SEE ATTACHED Cash: your wallet, in your home, and on hand when you file this application 11. Bank accounts and other deposits Institution name: Amount: of money? SEE ATTACHED Examples: Checking, savings, Checking account: money market, or other financial accounts; certificates of deposit; Savings account: shares in banks, credit unions, brokerage houses, and other Other financial accounts: similar institutions. If you have more than one account with the Other financial accounts: same institution, list each. Do not include 401(k) and IRA accounts. 12. Your home? (if you own it outright or are purchasing it) SEE ATTACHED Current value: Number Street Examples: House, condominium, Amount you owe City manufactured home, or mobile home State ZIP Code on mortgage and liens: 13. Other real estate? Current value: Street Number Amount you owe on mortgage and City State ZIP Code liens: 14. The vehicles you own? Make: SEE ATTACHED Current value: Examples: Cars, vans, trucks, Model: sports utility vehicles, motorcycles, Year: Amount you owe tractors, boats on liens: Mileage Make: Current value: Model: Year:

Mileage

Amount you owe

on liens:

ebtor 1	QUANG MINH NGOC First Name Middle Name	TRINH Last Name	Document	Page 3 of	3 Case number (f known)		
. Other	assets?		he other assets:					
Do not include household items and clothing.		Describe the other assets.			Current value: Amount you owe on liens:		\$ SEE ATTACHED \$	
Money	y or property due you?	Who owes	you the money or	property?	How much		Do vou	believe you will likely recei
Examples: Tax refunds, past due or lump sum alimony, spousal							nt in the next 180 days?	
mainte settlem benefit	rt, child support, enance, divorce or property nents, Social Security is, workers' compensation, nal injury recovery	_						Explain:
art 4:	Answer These Additio	nal Questic	ons					
17. Have you paid anyone for services for this case, including filling out this application, the bankruptcy filling package, or the schedules?		No						
		Yes. W	How much did you pay					
			\$					
is. Have you promised to pay or do you expect to pay someone for services for your bankruptcy case?		No Yes. Whom do you expect to pay? Check all that apply: An attorney						How much do you expect to pay?
		☐ A bankruptcy petition preparer, paralegal, or typing service ☐ Someone else						\$
9. Has anyone paid someone on your behalf for services for this case?		✓ No ☐ Yes. Who was paid on your behalf? Check all that apply: Who paid? Check all that apply:					How much did someone else pay?	
		☐ A bankruptcy petition preparer, ☐			☐ Brothe	Parent Brother or sister		\$
			paralegal, or typir Someone else	_	☐ Friend☐ Pastor☐ Someo			
Have you filed for bankruptcy within the last 8 years?		No Yes. D	istrict		When MM/ D	D/ YYYY	ase numb	er
		D	istrict		When MM/ D	D/ YYYY	ase numb	er
	_	D	istrict		When MM/ D	D/ YYYY	ase numb	er
art 5:	Sign Below						****	
	ing here under penalty of per information I provided in this				g fee either	in full or ir	ı installı	nents. I also declare
Annual Market Street Street		A STATE OF THE STA	×			_		
Signa	ature of Debtor 1	,	Signature of Deb	otor 2		-		
Date 1	03/29/2024 MM / DD/YYYY		Date	YYYY				

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